

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024854

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JUL 1 1963

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>De Soto</b>		c. CITY OR TOWN <b>De Soto</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>518 Rollins St.</b>		d. STREET ADDRESS (If outside, give location) <b>518 Rollins St.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Cura</b> Middle <b>Tina</b> Last <b>Duperrett</b>		4. DATE OF DEATH Month <b>June</b> Day <b>23</b> Year <b>1963</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/22/1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Owned home</b>	9. AGE (last birthday) <b>77</b>
13a. FATHER'S NAME <b>G. W. Scoggin</b>		13b. MOTHER'S MAIDEN NAME <b>Carolyn Huff</b>	11. BIRTHPLACE (City and state or country) <b>Glover, Mo.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		14. NAME OF HUSBAND OR WIFE <b>Albert Duperrett</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Heart Disease</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		17. INFORMANT Address <b>Albert Duperrett, De Soto, Mo.</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour <b>5:15</b> a.m. Month, Day, Year <b>Dec 27-1963</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>De Soto, Mo.</b>	
21. I attended the deceased from <b>Dec 27-1963</b> to <b>6-23-63</b> and last saw her alive on <b>6-20-63</b>		22. DATE SIGNED <b>6-25-63</b>	
22a. SIGNATURE (Degree or title) <b>Chas E Tallet M.D.</b>		22b. ADDRESS <b>De Soto, Mo.</b>	
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/26/1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>		23d. LOCATION (City, town, or county) <b>De Soto, Mo.</b>	
24. FUNERAL DIRECTOR <b>J. Lee Mottishaw De Soto, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-24-1963</b>	
26. REGISTRAR'S SIGNATURE <b>Maria Harris</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Walter W. Wetherhead*

Licensed Embalmer No.

3531

P. O. Address

*De Soto Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.